



Arizona Women's Hall of Fame

NOMINATION SUMMARY FORM



Nomination for the Arizona Women's Hall of Fame for the year _____

Nominee (include maiden name)

Place of Birth _____

Date of Birth _____

Place of Death* _____

Date of Death _____

Primary Residence in Arizona _____

Approx. Dates _____

Other Lengthy Arizona Residences _____

Approx. Dates _____

Approx. Dates _____

Major Field of Endeavor _____

Education _____

Additional Information _____

Photograph attached Yes ☐ No ☐ If not, where available

Memorabilia and/or personal papers attached Yes ☐ No ☐ If not, where available

COMMITTEE DECISION:

Selected Yes ☐ No ☐

Recommended for Future Consideration Yes ☐ No ☐

Arizona Women's Hall of Fame Program

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